

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4805 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4)

Summary Sheet				
FILE NUMBER				
TOTAL PAGES IN ENTIRE CFA-4 REPORT				

COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new name				
Chavis for Judge	_			
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number			
	(317	237-3856		
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address P.O. Box 44961				
5. City, State, ZIP Code		Affiliation (if applicable)		
Indianapolis, IN 46244		ocratic		
CANDIDATE INFORMATION (For Candidate's C	ommittee	s Only)		
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independer	nt Candidate	
John M.T. Chavis	Demo	ocratic		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		ity of Residence		
Marion Superior Court Judge	Mario	<u>n</u>		
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY	
11. Check one:		Check one:		
Pre-Primary Pre-Election Annual Nomination Other	·	Pre-Conv	rention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Dulgoing Treasurer (within 10 days amend Statement of	of Organization)	Post-Con	vention	
12. Reporting Period:				
12. Reporting Period.		COLUMN A	COLUMN B	
From: Through:		This Period	COLUMN B Year to Date	
From: Through: 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year.		This Period		
From: Through: 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS		This Period	Year to Date	
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	CERTIFICATION			
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT	TO THE BEST OF MY KNOWLEDGE AND B	ELIEF IT IS TRUE, CORRECT AND COMPLETE.		
Signature of Treasurer	Title	Date		
Signature of Candidate (if applicable)		Date / 20/14		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly				
files a fraudulent report commits of Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana				

Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Myla a Eldridge

JAN 20 2013

